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OCT 28 2004

Applicant: David J. Houston, et al
Serial No.: 10/707,831
Filed: 01/15/2004
Title: Ball Return Device

Art Unit: 3711
Examiner: Chiu, Raleigh W.
Atty Docket No.: 08855-00009

M.S. Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

In response to the Office Action mailed July 28, 2004, please enter the following amendments and consider the remarks below intended to put the claims into form for allowance.

Response Under 37 C.F.R. § 1.111
Serial No. 10/707,831
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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/707,831	
	Filing Date	01/15/2004	
	First Named Inventor	David J. Houston	
	Art Unit	3711	
	Examiner Name	Raleigh W. Chiu	
Total Number of Pages In This Submission	14	Attorney Docket Number	08855-00009

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Foster, Swift, Collins & Smith, P.C.	
Signature	<i>John M. Naber</i>	
Printed name	John M. Naber	
Date	28 October 2004	Reg. No. 46,487

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Trudy L. Meade
Date	28 October 2004

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